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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	27023/04037
	First Named Inventor	Wen-Qing (Peter) Xu et al.
	COMPLETE IF KNOWN	
	Application Number	Not yet assigned
	Filing Date	Herewith
	Group Art Unit	Not yet assigned
	Examiner Name	Not yet assigned

As a below named inventors, we hereby declare that:

Our residence, post office address, and citizenship are as stated below next to our names.

We believe we are the original, first and joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CMP SLURRY

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

We hereby state that we have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

We acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

We hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent

and Trademark Office connected therewith: ☐ Customer Number OR

II

Place Customer
Number Bar Code
Label here

☒ Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number
S. Paige Christopher	39,503	James Balazs	47,401
Kristin J. Frost	50,627	Pamela A. Docherty	40,591

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below
or Bar Code Label

Name	John E. Miller				
Address	Calfee, Halter & Griswold LLP				
Address	800 Superior Avenue – Suite 1400				
City	Cleveland	State	Ohio	ZIP	44114-2688
Country	U.S.A.	Telephone	(216) 622-8679	Fax	(216) 241-0816

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname			
Wen-Qing (Peter)		Xu			
Inventor's Signatur				Date	
Residence: City	Northborough	State	MA	Country	USA
Post Office Address					
Post Office Address	220 Hudson Street				
City	Northborough	State	MA	ZIP	01532
				Country	USA

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Pag 1 of 1**Name of Additional Joint
Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Sharath

Hegde

**Inventor's
Signature****Date****Residence: City****State****Country****Citizenship**

India

Post Office Address**Post Office Address****City****State****ZIP****Country****Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

**Inventor's
Signature****Date****Residence: City****State****Country****Citizenship****Post Office Address****Post Office Address****City****State****ZIP****Country****Name of Additional Joint Inventor, if any:**☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

**Inventor's
Signature****Date****Residence: City****State****Country****Citizenship****Post Office Address****Post Office Address****City****State****ZIP****Country**

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DECLARATION

REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

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